



Quality of Care and Outcomes Assessment

COMPARATIVE EFFECTIVENESS AND SAFETY OF ANTITHROMBOTIC THERAPY IN OLDER PATIENTS WITH ATRIAL FIBRILLATION AND NON-ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI) TREATED WITH CORONARY STENTING

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Background: Selecting a safe and effective antithrombotic strategy for NSTEMI patients with atrial fibrillation (AF) poses a unique challenge—especially among stented patients, for whom little comparative data exist.

Methods: We linked NSTEMI patients aged ≥ 65 years in the CRUSADE registry 2003-2006 to Medicare claims data and examined those with AF who received coronary stenting and either dual antiplatelet therapy (DAPT) (aspirin+clopidogrel) or DAPT+warfarin on discharge. Excluding in-hospital deaths, we used multivariable Cox analysis to compare 1-year risks of major cardiac events (death, readmission for MI, or stroke) and readmission for bleeding.

Results: Among 7,619 NSTEMI patients with AF, 1200 (16%) were stented and received DAPT, and 448 (6%) were stented and received DAPT+warfarin. Median age (78 vs. 77 years, $p=0.14$), drug eluting stent use (80 vs. 81%, $p=0.81$), and predicted thromboembolic risk (median CHADS2 score, 2 IQR 1-3 vs. 2, IQR 2-3) were similar between groups. At 1 year, 20.4% had a major cardiac event and 13.5% were admitted for bleeding. Compared with DAPT alone, DAPT+warfarin was associated with a similar adjusted risk of major cardiac events, but a trend towards increased risk of bleeding (Figure).

Conclusion: Older NSTEMI patients with AF treated with coronary stenting have a high rate of major cardiac events and bleeding. Intensification of antithrombotic therapy may be associated with increased bleeding risk, but not a significant difference in thromboembolic risk.

